

FACULTY APPLICATION MATERIALS

A complete application consists of the following:

- ☐ **FELLOWSHIP APPLICATION** – Please complete entire form.
- ☐ **RESEARCH PROPOSAL (not to exceed three pages)** – The following items will be used to evaluate your research proposal; weighting factors are as indicated in the parentheses.
 - **RESEARCH OBJECTIVES:** Describe your proposed research project at the facility and its relationship to your current research interests and expertise. (10%)
 - **PROFESSIONAL DEVELOPMENT:** Discuss the expected benefit of this fellowship on your current research, teaching and student supervision activities. Include a list of recent courses taught and new or modified that may result from this fellowship. (40%)
 - **PROJECTED COLLEGE/UNIVERSITY BENEFITS:** Explain how your home institution expects to benefit from this research experience. (25%)
 - **PROJECTED FACILITY BENEFITS:** Indicate your expected contribution to the facility's research program and the prospects for long-term collaboration with the facility host. (25%)
 - **FELLOWSHIP BUDGET:** Include a brief budget for the distribution of award funding. Include requests for stipend, travel, housing and relocation as appropriate.
 - **STUDENT COLLABORATION:** If student participation is included in the award proposal, a completed Undergraduate or Graduate Student Fellowship Application should accompany this application.
- ☐ **SABBATICAL LEAVE PLAN** – Applicants for sabbatical support should provide a copy of their sabbatical leave plan as submitted to their home institution.
- ☐ **CURRICULUM VITAE AND LIST OF PUBLICATIONS.**
- ☐ **TWO LETTERS OF SUPPORT** – Please request that letters be mailed directly to the INEEL. The applicant is responsible for ensuring that letters are posted to meet any deadline.
 - (1) A letter from the facility scientist which clearly illustrates their commitment to the collaboration and the resources available for the proposed project; and
 - (2) A letter from someone at your institution, preferably your department chair or immediate supervisor, who is qualified to comment on your professional ability and the impact this award may have on you and your department.
- ☐ **COLLEGE/UNIVERSITY CERTIFICATION OF SALARY** – The academic salary and term of service for the current academic year should be provided, directly to the INEEL by the responsible college/university administrative official. For sabbatical fellowship applicants, the certification should include the level of university support during the sabbatical period.
- ☐ **COLLEGE UNIVERSITY ENDORSEMENT** – To be completed by the dean of the college or by the university's chief academic officer.
- ☐ **RELEASE OF PERSONAL INFORMATION FORM**
- ☐ **AFFIRMATIVE ACTION QUESTIONNAIRE**



FACULTY APPLICATION FORM

PERSONAL INFORMATION

Name: _____			SS# _____
Last	First	Middle	
Current Address: _____			Daytime Phone: _____ ()
_____			Home Phone: _____ ()
City	State	Zip	Permanent Phone: _____ ()
Current Address/Phone Valid Until _____			E-mail Address _____ ()
M/D/Y			
Permanent Address _____			
(if different)			
City	State	Zip	Fax: _____ ()

CITIZENSHIP INFORMATION

Country of Citizenship _____	Birthplace _____	Birthdate _____
<input type="checkbox"/> USA <input type="checkbox"/> **PRA	Visa Type _____	Expiration _____

(**Permanent Resident Aliens must submit a copy of both sides of their alien registration card WITH THIS APPLICATION.)

UNIVERSITY AFFILIATION

School	_____
Major	_____
Department	_____
Address	_____
City/State/Zip	_____
Academic Advisor	_____
Advisor's Phone # ()	_____

FACILITY INFORMATION

Have you previously had a fellowship award at the INEEL	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what year _____
Previous INEEL Mentor _____	Mentor Phone _____	
Earliest Start Date _____	to Latest End Date _____	

Education and Research Initiatives, University Programs, Box 1625, MS 3810, Idaho Falls, ID 83415-3810
fax: (208)526-1880 academic@inel.gov



CONFIDENTIAL MEDICAL INFORMATION AND EMERGENCY NOTIFICATION FORM

Name _____ Birthdate _____ Gender: M F

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone (_____) _____ Social Security # _____

Date of Last Tetanus Shot _____

Drug Allergies _____

Physician _____ Physician's Phone (_____) _____

Medical Conditions or Previous Surgery _____

Regular Medications _____

Special Dietary Requirements (include food allergies) _____

Special Physical Needs _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name _____ Relationship _____

Address _____

Home Phone # (_____) _____ Work Phone # (_____) _____

Each participant is required to have coverage under a health insurance plan. It is the responsibility of each participant to secure their own insurance coverage before arriving at their appointment site.

Medical/Hospital

Insurance Carrier _____ Policy # _____

Signature _____ Date _____

YOU WILL BE REQUIRED TO CARRY YOUR OWN HEALTH INSURANCE BY THE START DATE OF YOUR AWARD.

**FACULTY FELLOWSHIP PROGRAM
COLLEGE/UNIVERSITY CERTIFICATION OF SALARY**

To be completed by the applicant.

Applicant Name: _____

University: _____

**Education and Research Initiatives
University Programs
P.O. Box 1625, MS 3810
Idaho Falls, ID 83415-3810**

To be completed by the appropriate university administrative officer and returned to the address shown above.

INSTRUCTIONS

The maximum stipend rate for faculty fellowships is based on the university salary rate as certified here. The participant's monthly stipend will be determined by dividing the full-time base academic salary by the total number of months of service required by the university for this salary.

1. In establishing the academic salary, please do not include extra compensation for summer school teaching, consulting fees, etc.
2. In establishing the service period – usually nine, ten or twelve months – please include normal university holidays and vacation periods.
3. Please describe in detail cases not covered by the above instructions: _____

The applicant listed above receives a base academic salary of: _____

In return for ☐ 9 ☐ 10 ☐ 12 ☐ Other _____ **months of services.**

This salary rate is valid during the period from: _____ to _____

For Sabbatical Awards Only:

During the Sabbatical Period from: _____ to _____ the applicant will
receive a salary of: _____ which is _____ % of the normal base
salary during the same time period. *If the sabbatical salary is not available at the time the application
is submitted please indicate when we may expect to receive this information.:* _____

Signature: _____

Date: _____

Print Name: _____

Title: _____

FACULTY FELLOWSHIP PROGRAM

COLLEGE/UNIVERSITY ENDORSEMENT

To be completed by the applicant:

Applicant Name: _____

University: _____

Department: _____

Address: _____

Faculty Status: ☐ Full-time ☐ Part-time ☐ Research
☐ Permanent ☐ Tenured Track ☐ Non-Tenure Track

How many years have you been teaching? _____

How long in your present position? _____

Proposed Facility: _____

Fellowship Dates: _____

Is this a sabbatical? _____

Has the Sabbatical Leave Plan been approved? _____

If not, expected date for approval: _____

To be completed by the Dean of the College or by the University's Chief Academic Officer:

The University considers that it will benefit from the experience that this fellowship applicant would gain in collaboration with the proposed facility. I have reviewed the application guidelines, the completed application and the research proposal, and certify that the statements contained in this application are correct insofar as they concern the relationship of the applicant and the University. It is acknowledged that if the participant is awarded a fellowship, the participant will be receiving a stipend directly from the INEEL on behalf of the proposed facility collaboration.

Signature: _____

Date: _____

Print Name: _____

Title: _____

NOTE: The INEEL cannot award fellowships during the academic year without written notification from the applicant's home institution.

Please return this form to the applicant or mail it directly to:

Education and Research Initiatives, University Programs, P.O. Box 1625 MS 3810, Idaho Falls, ID 83415-3810

The Privacy Waiver and Release

A number of informational documents will be generated as a result of your application. Among those documents may be application forms, letters of recommendation, education certification, transcripts of grades, facility endorsement, reports of graduate record examinations, security questionnaires, etc. The Department of Energy Organization Act (P.L. 95-91) and the Atomic Energy Act of 1954 as amended (P.L. 83-703) authorize the information requested.

The application and related documents are reviewed by the INEEL. The reviews are made to determine whether the applicant meets the selection criteria established for participation in the program. Security questionnaires and related documents are needed when security access authorizations are required by the INEEL.

Since the informational documents are essential to ensure a fair selection process, an applicant cannot be considered unless he or she provides the appropriate information.

A. Release of Personal Information

In accordance with the Privacy Act of 1974 (Public Law 93-579), the Family Educational Rights and Privacy Act (Public Law 93-380), the Energy Reorganization Act of 1974 (Public Law 93-438) and the Atomic Energy Act of 1954 as amended, Chapter 12, Control of Information, Section 145b, any of the following items or related attachments of personal information which are supplied by me, may be released to the U.S. Department of Energy (DOE), other Federal agencies, participating Federal, industrial, and educational entities, and cognizant review panels as needed by the INEEL Academic Center for Excellence, Inc. to facilitate its purposes as an administrator of education programs.

- a. Application forms and related attachments
- b. Letters of recommendation
- c. Education Certifications
- d. Transcripts of grades
- e. Facility endorsements
- f. Reports of Graduate Record Examinations or other test information
- g. Personnel Security Questionnaires and attachments
- h. Summaries of research and program evaluations

Print Name: _____

Signature: _____

Date: _____

***Note: This "Release of Personal Information" must be signed and returned with your application for consideration before an award can be given.**

B. Use of Other Participant Information

To promote, evaluate, or otherwise describe this award, I give permission to the INEEL, DOE and their agents, to use any program-related photographs in which I appear and to use and cite any evaluative or judgmental comments, oral or written, attributable to me which I may make about the program.

Signature: _____

Date: _____

***Note: Consideration for an award is not contingent upon your consent to this "Use of Other Participant Information"**

Idaho National Engineering and Environmental Laboratory
Education Research Initiatives
P.O. Box 1625, MS 3810
Idaho Falls, ID 83415-3810
Fax: (208) 526-1880
Email: academic@inel.gov

AFFIRMATIVE ACTION QUESTIONNAIRE

WHY THIS INFORMATION IS BEING REQUESTED

The Idaho National Engineering and Environmental Laboratory (INEEL) as an administrator of science education programs sponsored directly or indirectly by Federal funds, has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or handicap of fellowship awardees. To gather the information needed for this process, we request that a single copy of this form be returned with the fellowship application.

The information from this form will be retained by the INEEL Academic Center for Excellence, Inc. (ACE) as an integral part of its records system and will be used for statistical purposes only. These are confidential files accessible only to ACE administrators, and will be treated as confidential to the extent permitted by law.

Instructions: Please complete the form by placing an "X" in the appropriate area. Select one box only. If two or more ethnic categories are applicable, choose the one category with which you most closely identify. If you decline to give this information, it will in no way affect consideration of your application. **Completion of this information is optional, but signature and return are required.**

RETURN TO: **Education and Research Initiatives**
 University Programs
 Box 1625, MS 3810
 Idaho Falls, ID 83415-3810

RACE

- _____ **American Indian or Alaskan Native** (a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition)
- _____ **Asian or Pacific Islander** (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands)
- _____ **Black: Not of Hispanic Origin** (a person having origins in any of the Black racial groups of Africa)
- _____ **White: Not of Hispanic Origin** (a person having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- _____ **Hispanic** (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

SEX: _____ Male _____ Female **AGE:** _____ **DATE OF BIRTH:** ____/____/____

PHYSICAL DISABILITY: _____ Yes _____ No

PLEASE COMPLETE THE BOTTOM LINE AND RETURN THE QUESTIONNAIRE

Please Print: Name (Last, First, Middle)

Signature

Date